FILED JAN	l 25 1951		E DIVISION OF HE					9.~ A
	- ~0 1551	SIA	NDARD CERTII				File No	,
BIRTH NO.		REG. D	IST. NO. 73	PRIMARY REG. DI	sт. жо. <u>Зс</u>	07 Reg	strar's No	28
1. PLACE OF DE a. COUNTY	Butler				si denc e (ssouri	Where deceased in b. CO	ived. If in	oddard distribution
	orporate limite, write R	URAL and g	ive c. LENGTH OF	c. CITY (If ourseld	le corporate limit			
TOWN Poplar Bluff				TOWN	Dexte	r		1031
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS		eive location) Castor		/			
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE	(Month)	(Day) (Year)
(Type or Print)	David		Alexander	Schall	_	DEATH J	an. 9	, 1951
Male 0 6	COLOR OR RACE White	7. MARRI WIDOW Ma	ED, NEVER MARRIED, VED, DIVORCED (Specify)	Sept. 16		9. AGE (In yellas)	Months	Hours Min
10a. USUAL OCCUPATI doze during most of work Cappen	ON (Give kind of working life, even if retired)	IOD. KINI	OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or foreign of County		0	12. CITIZEN OF WHA
3a. FATHER'S NAME		11	36. MOTHER'S MAIDEN			E OF HUSBAN		E
David S			Nancy Crut			ace Scl		
IS. WAS DECEASED EV (Yes, no. or unknown) (I	ER IN U.S. ARMED F I yee, give war or dates o	ORCES?	16. SOCIAL SECURITY NO.	Mrs. Gr				ter, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e)	I. DISEASE OR CO DIRECTLY LEADIN	NDITION NG TO DEA	MEDICAL C	entification	Rias	<u> </u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.	ANTECEDENT CAI Morbid conditions, rise to the above car the underlying caus 11. OTHER SIGNIF Conditions contribu- related to the diseas	, if any, given use (a) state to last.	DUE TO (c)	erdia.	fair Sto	du	e	1511
19a. DATE OF OPERA- TION	196. MAJOR FIND						<u> </u>	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2 b	1b. PLACE C	OF INJURY (e.g., in or about story, street, office bldg., sta.)	21c. (CITY, TOWN,	OR TOWNSHIP) (C	OUNTY)	YES LINOLE (STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (H	WH	e. INJURY OCCURRED IILEAT NOT WHILE VORK AT WORK	21f. HOW DID INJU	JRY OCCUR?			
22. I hereby certify alive on/~	that I attended th	e.decease _, and th	d from 9-//- at death occurred at	. 19250, 10 2 0:00 Austron		, 19 <u>57</u> , 1	hat I las late state	t saw the deceased above.
3a. SIGNATURE	Must	ll,	(Degree or title)	23b ADDRESS OF R	e B	Cell)	Ma	23c. DATE SIGNED
Ma. BURIAL, CREMA FION, REMOVAL (Speeds) BURIAL (246. DATE 3 1-11-51		24c. NAME OF CEMETER Dexter		Dex	ter, M	•	• • • • • • • • • • • • • • • • • • • •
pate rec'd by Local Pan 20 1951	REGISTRAR'S SIG	GNATURE	428	5. FUNERAL DIR Strickl				er, Mo.
	· 7	U	(Licensed Embalmer's S	tatement on Reverse	Side)	·		

RECEIVED

BUTLER CO. HEALTH CENTER
FILE No. 15/- 27

CTATEMENT.	DV	LICENICED	EBADAT BADD

I hereby certify that the body whose name is recorded on the	reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	O ISI A

Student Embalmer

P. O. Address MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.